U.S. DEPARTMENT OF HOMELAND SECURITY

ELEVATION CERTIFICATE

OMB No. 1660-0008 Expires February 28, 2009

ederal Emergency Management Agency lational Flood Insurance Program	nportant: Read the ins	tructions on pag	es 1-8.	
ational Flood modality	SECTION A - PROF	ERTY INFORMAT	TION	For Insurance Company Use:
A1. Building Owner's Name JOHN A. LANCLOS, I				Policy Number
A2. Building Street Address (including Apt., Unit, Su 4198 INDIAN STREET	ite, and/or Bldg. No.) or P.O	. Route and Box No.		Company NAIC Number
City BAY ST. LOUIS State MS ZIP Code				
A3. Property Description (Lot and Block Numbers, 1 LOTS 43 & 44, Square 113, SHORELINE PARK SU	ax Parcel Number, Legal De BDIVISION, Unit No. 7, Addi	escription, etc.) tion 1, HANCOCK C	OUNTY, MISSISSIF	PI
A4. Building Use (e.g., Residential, Non-Residential A5. Latitude/Longitude: Lat. 30.3104 Long. 89.398 A6. Attach at least 2 photographs of the building if the suit of the su	I, Addition, Accessory, etc.)	RESIDENTIAL	Horizontal Datum:	—
A7. Building Diagram Number 5 A8. For a building with a crawl space or enclosure(s) a) Square footage of crawl space or enclosure(s) b) No. of permanent flood openings in the crawlence of th	s), provide s(s) N/A sq ft wl space or acent grade N/A N/A sq in	A9. For a bu a) Squa b) No. walls c) Tota	ilding with an attach are footage of attach of permanent flood o s within 1.0 foot abo al net area of flood o	openings in the attached garage ve adjacent grade <u>N/A</u> penings in A9.b <u>N/A</u> sq in
SECTION B	- FLOOD INSURANCE	RATE MAP (FIRM) INFORMATION	
B1. NFIP Community Name & Community Number	B2. County Na HANCOCK CC	me	E	33. State MISSISSIPPI
TIANOOOR OCCITT		FIRM Panel e/Revised Date 9/18/87	B8. Flood Zone(s) A-8	B9. Base Flood Elevation(s) (Zone AO, use base flood depth) 9.0'
B10. Indicate the source of the Base Flood Elevatio ☐ FIS Profile ☐ FIRM ☐ Cor B11. Indicate elevation datum used for BFE in Item B12. Is the building located in a Coastal Barrier Res Designation Date	nmunity Determined B9: ⊠ NGVD 1929 sources System (CBRS) area ☐ CBRS	□ NAVD 1988 a or Otherwise Protect □ OPA	Other (Describe)	□Yes ⊠No
SECTION C -	BUILDING ELEVATION	NFORMATION (S	URVEY REQUIR	ED)
	nstruction Drawings* en construction of the buildir E), VE, V1-V30, V (with BFI ed in Item A7.	☐ Building Under	Construction*	
Conversion/Comments			Check the measurer	ment used.
			et meters (Puer	
a) Top of bottom floor (including basement, crawl b) Top of the next higher floor c) Bottom of the lowest horizontal structural (d) Attached garage (top of slab) e) Lowest elevation of machinery or equipme (Describe type of equipment in Comments f) Lowest adjacent (finished) grade (LAG) q) Highest adjacent (finished) grade (HAG)	member (V Zones only)	N/A.	et meters (Puer	to Rico only)
g) Highest adjacent (finished) grade (1970)	AUDVEYOR ENGINE	P OR ARCHITE	CT CERTIFICATION	ON
SECTION D This certification is to be signed and sealed by a la information. I certify that the information on this C I understand that any false statement may be purposed. Check here if comments are provided on back	ishable by fine or imprisonm	chitect authorized by t efforts to interpret th ent under 18 U.S. Co	ne data available. ode, Section 1001.	tion L. SAN
Certifier's Name KRISTI L. SANFORD		License Number		HARE HARE
Title PROFESSIONAL LAND SURVEYOR	Company Name SANFOR		NG Code 39552	PE 16471
Address P. O. BOX 1719	City ESCATAWPA		ohone 228-475-478	7 OF MICS
Signature Kristi L. Yanyota	NOVEMBER 17, 2007	ı elep	DIIONE 220-413-410	MIS

Building Street Address (including A 4198 INDIAN STREET City BAY ST. LOUIS State MS Z SECTION Copy both sides of this Elevation Comments FINISHED FLOOR ELI 15.040+	IP Code 39520	b.) or P.O. Route and Box No.		Policy Number
City BAY ST. LOUIS State MS Z SECTION Copy both sides of this Elevation Comments FINISHED FLOOR ELI				
Copy both sides of this Elevation Co	ON D - SURVEYOR, ENGIN			Company NAIC Number
Comments FINISHED FLOOR ELI		IEER, OR ARCHITECT CER	TIFICATION (COM	ITINUED)
	ertificate for (1) community offic	ial, (2) insurance agent/company	, and (3) building ow	ner.
13.040†	EVATION IS 16.040+; ELEVAT	FION OF BOTTOM OF METER E	3OX IS 11.540+; ELE	VATION OF A/C PLATFORM IS
Signature Kristi &.	Hanford	Date 11/17/07		☐ Check here if attachme
SECTION E - BUILDING EL	LEVATION INFORMATION	(SURVEY NOT REQUIRED)	FOR ZONE AO A	ND ZONE A (WITHOUT BFE)
 b) Top of bottom floor (including Diagrams 6-8 with (elevation C2.b in the diagrams E3. Attached garage (top of slab) Top of platform of machinery at Zone AO only: If no flood dep 	for the following and check the adjacent grade (LAG). ng basement, crawl space, or e ng basement, crawl space, or e ch permanent flood openings prons) of the building is feet and/or equipment servicing the oth number is available, is the to	appropriate boxes to show whether inclosure) is ovided in Section A Items 8 and/or feet meters about above or below building is feet	feet meters a feet meters a feet meters a feet meters a feet below the l w the HAG. meters abora feet meters meters abora feet meters meter	bove or below the highest adjacent above or below the HAG. above or below the LAG. structions), the next higher floor HAG.
SECTIO	ON F - PROPERTY OWNER	R (OR OWNER'S REPRESEN	ITATIVE) CERTIF	ICATION
The property owner or owner's author Zone AO must sign here. The star Property Owner's or Owner's Author	atements in Sections A, B, and I	E are correct to the best of my kr	owledge.	
ddress		City	State	ZIP Code
ignature		Date	Telephon	e
omments				
				Charleboar if attaches
	SECTION G - COM	MUNITY INFORMATION (O	PTIONAL)	Check here if attachm
is authorized by law to certif	omplete the applicable item(s) a C was taken from other docume fy elevation information. (Indica eted Section E for a building loca	nd sign below. Check the measu	rement used in Item sealed by a licensed vation data in the Co ssued or community	s G8. and G9. I surveyor, engineer, or architect wl mments area below.)
4. Permit Number	G5. Date Permit Issued	G6. Date	Certificate Of Compl	iance/Occupancy Issued
. This permit has been issued for: . Elevation of as-built lowest floor (in . BFE or (in Zone AO) depth of floor			neters (PR) Datum _ neters (PR) Datum _	
ocal Official's Name		Title		
ommunity Name		Telephone		
gnature		Date		
omments	Z* :			
The state of the s				☐ Check here if attachme

Building Photographs

See Instructions for Item A6.

For Insurance Company Use:

Policy Number

City State ZIP Code

For Insurance Company Use:

Company NAIC Number

If using the Elevation Certificate to obtain NFIP flood insurance, affix at least two building photographs below according to the instructions for Item A6. Identify all photographs with: date taken; "Front View" and "Rear View"; and, if required, "Right the instructions for Item A6. Identify all photographs with: date taken; "Front View" and "Rear View"; and, if required, "Right View" and "Left Side View." If submitting more photographs than will fit on this page, use the Continuation Page, following.

			For Insurance Company Use:
Building	Street Addres	ss (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.	Policy Number
City	State	ZIP Code	Company NAIC Number

If submitting more photographs than will fit on the preceding page, affix the additional photographs below. Identify all photographs with: date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View."

ELEVATION CERTIFICATE

OMB No. 1660-0008 Expires February 28. 2009

S. DEPARTMENT OF HOMELAND SECURITY	,
ederal Emergency Management Agency Important: Read the instructions on page	S/1-8. For Insurance Company Use:
National Flood Insurance Program SECTION A - PROPERTY INFORMATI	ON For Insurance Company 338. Policy Number
D. Haling Owner's Name, JOHN A. LANCLOS, II	, , , , , , , , , , , , , , , , , , , ,
A1. Building Owner's Name Community Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.	Company NAIC Number
City BAY ST. LOUIS State MS ZIP Gode 39320	
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)	DUNTY, MISSISSIPPI
LOTS 43 & 44, Square 113, SHOKEEITE	
-t-\ DESIDENTIAL	Horizontal Datum: 🛛 NAD 1927 🗌 NAD 1983
A4. Building Use (e.g., Residential, No. 1) A5. Latitude/Longitude: Lat. 30.3104 Long. 89.3986 A6. Latitude/Longitude: Lat. 30.3104 Long. 89.3986	
A6 Attach at least 2 photographs of the building if the Salahan	stached garage, provide:
A7 Building Diagram Number 9 A9. For a building Diagram Number 9	Sq II
Ab. Total space or enclosure(s)	f normanent flood openings in the attaches 5
a) Square of specific in the crawl space of	within 1.0 foot above adjacent grade <u>N/A</u> I net area of flood openings in A9.b <u>N/A</u> sq in
enclosure(s) walls within 1.0 look above adjusted N/A sq in C ₂ Folial	
c) Total net area of flood openings in A8.b SECTION B - FLOOD INSURANCE RATE MAP (FIRM)) INFORMATION
1 Name	B3. State MISSISSIPPI
B1. NFIP Community Name & Community Number HANCOCK COUNTY 285254 B2. County Name HANCOCK COUNTY	Bo Base Flood Elevation(s) (Zone
HANCOOK 35 THE PART OF SIRM Index B7. FIRM Panel	Zone(s) AO, use base flood depth) 9.0'
8/18/92 9/18/87	A-8 9.0
285254-0145 C 8/18/92	B9.
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item I Other (Describe)	
T FIS Profile X FIRM D JOHNSON TANAY TO 1988	Other (Describe)
B11. Indicate elevation datum used for BFE in Item B9: NGVD 1929 NAVD 1906 B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protect CBRS OPA	cted Alea (Or A):
SECTION C - BUILDING ELEVATION INFORMATION (S	SURVEY REQUIRED)
Browings* Building Under	Construction
C1. Building elevations are based on: Construction Drawings *A new Elevation Certificate will be required when construction of the building is complete. *A new Elevation Certificate will be required when construction of the building is complete. *A new Elevations – Zones A1-A30, AE, AH, A (with BFE), VE, V1-V30, V (with BFE), AR, AR/AE C2. Elevations – Zones A1-A30, AE, AH, A (with BFE), VE, V1-V30, V (with BFE), AR, AR/AE C3. Elevations – Zones A1-A30, AE, AH, A (with BFE), VE, V1-V30, V (with BFE), AR, AR/AE C4. Elevations – Zones A1-A30, AE, AH, A (with BFE), VE, V1-V30, V (with BFE), AR, AR/AE C5. Elevations – Zones A1-A30, AE, AH, A (with BFE), VE, V1-V30, V (with BFE), AR, AR/AE C6. Elevations – Zones A1-A30, AE, AH, A (with BFE), VE, V1-V30, V (with BFE), AR, AR/AE C7. Elevations – Zones A1-A30, AE, AH, A (with BFE), VE, V1-V30, V (with BFE), AR, AR/AE C8. Elevations – Zones A1-A30, AE, AH, A (with BFE), AR, AR/AE C9. Elevations – Zones A1-A30, AE, AH, A (with BFE), AR, AR/AE C9. Elevations – Zones A1-A30, AE, AH, A (with BFE), AR, AR/AE C9. Elevations – Zones A1-A30, AE, AH, A (with BFE), AR, AR/AE C9. Elevations – Zones A1-A30, AE, AH, A (with BFE), AR, AR/AE C9. Elevations – Zones A1-A30, AE, AH, A (with BFE), AR, AR/AE C9. Elevations – Zones A1-A30, AE, AH, A (with BFE), AR, AR/AE C9. Elevations – Zones A1-A30, AE, AH, A (with BFE), AR, AR/AE C9. Elevations – Zones A1-A30, AE, AH, A (with BFE), AR, AR/AE C9. Elevations – Zones A1-A30, AE, AH, A (with BFE), AR, AR/AE C9. Elevations – Zones A1-A30, AE, AH, A (with BFE), AR, AR/AE C9. Elevations – Zones A1-A30, AE, AR, AR/AE C9. Elevations – Zones A1-A30, AE, AR, AR/AE C9. Elevations – Zones A1-A30, AE, AR/AE C9. Elevations – Zones A1-A30, A	AR/A1-A30, AR/AH, AR/AO. Complete Items C2.a-g
	-, / 10 / 11
C2. Elevations – Zones A1-A30, AE, AH, A (Will St. 2) below according to the building diagram specified in Item A7. below according to the building diagram specified in Item A7.	
Benchmark Utilized RM-31 Vertical Datum NOVD 1929	Check the measurement used.
Conversion/Comment	
crowl enace of eliciosuic floor/	eet meters (Puerto Rico only) eet meters (Puerto Rico only)
	eet meters (Puerto Rico only) meters (Puerto Rico only)
The set the lowest horizontal structural member (V Zories only)	pet
(1 of oloh)	eet meters (Puerto Rico only)
at algoriton of machinery or equipment servicing the building	
(Describe type of equipment in Comments)	eet meters (Puerto Rico only)
5 Lowest adjacent (finished) grade (LAG) 750 🖂 fi	eet ☐ meters (Puerto Rico only)
	CT CERTIFICATION
g) Highest adjacent (initiation) grade (initiation)	by law to certify elevation
is all and socied by a land surveyor, engineer, or architect data to interpret	the data available.
This certification is to be signed and sealed by a first represents my best efforts to interpret information. I certify that the information on this Certificate represents my best efforts to interpret information. I certify that the information on this Certificate represents my best efforts to interpret information. I certify that the information on this Certificate represents my best efforts to interpret information. I certify that the information on this Certificate represents my best efforts to interpret information. I certify that the information on this Certificate represents my best efforts to interpret information. I certify that the information on this Certificate represents my best efforts to interpret information. I certify that the information on this Certificate represents my best efforts to interpret information. I certify that the information on this Certificate represents my best efforts to information on this Certificate represents my best efforts to information on this Certificate represents my best efforts to information on this Certificate represents my best efforts to information on the certificate represents my best efforts to information on the certificate represents my best efforts to information on the certificate represents my best efforts to information on the certificate represents my best efforts and the certificate represents my best eff	Code, Section 1001.
I understand that any raise statement any	ACE SILACE SILACE
	ENSEMBLE DE LE

\boxtimes	Check	here if comments	are provided or	n back	of form.
\triangle	Chicon	110.0			

	k of form.		
		License Nu	mber 2998
Certifier's Name KRISTI L. SANFORD	Company Name SANFORD	I AND SUR	VEYING
Title PROFESSIONAL LAND SURVEYOR		State MS	ZIP Code 39552
Address P. O. BOX 1719	City ESCATAWPA		Telephone 228-475-4787
Signature Kristi L. Manyla	te NOVEMBER 14, 2007		



IMPORTANT: In these spaces,					or Insurance Company Use:
Building Street Address (including Apt 4198 INDIAN STREET	, Unit, Suite, and/or Bldg. No.) (or P.O. Route and	BOX NO.	Po	olicy Number
City BAY ST. LOUIS State MS ZIP	Code 39520			Co	ompa iy NAIC Number
SECTION	N D - SURVEYOR, ENGINEE	R, OR ARCHIT	ECT CERTIFICATION (CONTIN	UED)
Copy both sides of this Elevation Certi	ificate for (1) community official,	(2) insurance age	nt/company, and (3) building	g owner.	
Comments FINISHED FLOOR ELEV	ATION IS 16.040+; FEMA REC	UIREMENT FOR	LOWEST FLOOR ELEVAT	ION IS 9	.00+; COMMUNITY
REQUIREMENT FOR LOWEST FLOO	OR ELEVATION IS 13.00+; AVE	RAGE GROUND	ELEVATION IS 7.50+ M.S.I	<u>.</u>	
Signature Kristi L.	Hanford		11/14/07		☐ Check here if attachments
SECTION E - BUILDING ELE	VATIÓN INFORMATION (S	URVEY NOT RE	QUIRED) FOR ZONE A	O AND	ZONE A (WITHOUT BFE)
For Zones AO and A (without BFE), cand C. For Items E1-E4, use natural general series and C. For Items E1-E4, use natural general series and C. For Items E1-E4, use natural general series and C. For Items E1-E4, use natural general series and C. For Open Series and C. For Building Diagrams 6-8 with general series and C. S. Attached garage (top of slab) is E4. Top of platform of machinery and E5. Zone AO only: If no flood depth ordinance?	grade, if available. Check the mr the following and check the appacent grade (LAG). basement, crawl space, or encl basement, crawl space, or encl permanent flood openings provide of the building is feet rd/or equipment servicing the building the building the building the grade from the feet rd/or equipment servicing the building the grade from the feet rd/or equipment servicing the building the grade from the feet rd/or equipment servicing the grade from the feet rd/or equ	neasurement used propriate boxes to osure) is osure) is ded in Section A It feet meters above ilding is of the bottom floor	In Puerto Rico only, enter show whether the elevation feet meters meters ems 8 and/or 9 (see page 8 ers above or below or below the HAG. feet meters elevated in accordance with	meters. is above above above of Instructhe HAG	e or below the highest adjacent e or below the HAG. e or below the LAG. ctions), the next higher floor i. below the HAG.
SECTION	F - PROPERTY OWNER (OR OWNER'S F	EPRESENTATIVE) CEF	RTIFICA	TION
The property owner or owner's authorize					
or Zone AO must sign here. <i>The state</i> Property Owner's or Owner's Authorize	ements in Sections A, B, and E a	are correct to the b	est of my knowledge.		
Address		City	Stat	е	ZIP Code
Signature		Date	Tele	phone	
Comments					
r					☐ Check here if attachments
3:	SECTION G - COMM	IUNITY INFORM	IATION (OPTIONAL)		
The local official who is authorized by la	w or ordinance to administer the	community's floo	dplain management ordinan	ice can c	omplete Sections A, B, C (or E),
and G of this Elevation Certificate. Com G1. The information in Section C v					rveyor, engineer, or architect who
is authorized by law to certify	elevation information. (Indicate	the source and da	te of the elevation data in the	ne Comm	ents area below.)
	ed Section E for a building locate			unity-iss	ued BFE) or Zone AO.
G3. The following information (Iten	ms G4G9.) is provided for comi	munity floodplain r	nanagement purposes.		
G4. Permit Number	G5. Date Permit Issued		G6. Date Certificate Of C	compliand	ce/Occupancy Issued
G7. This permit has been issued for:	☐ New Construction [☐ Substantial Imp	rovement		
G8. Elevation of as-built lowest floor (inc	975 13	g:[☐ feet ☐ meters (PR) Dat	um	_
G9. BFE or (in Zone AO) depth of flooding	ng at the building site:	[☐ feet ☐ meters (PR) Dat	um	_
Local Official's Name		Title)		
Community Name		Tel	ephone		
Signature		Dat	e		
Comments					Check have if attachments
- 4V					Check here if attachments

Building Photographs
See Instructions for Item A6.

. 1	See Instructions for Item Ab.	For Insurance Company Use:
Building Street Address (including	Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.	Policy Number
Building Street / tadress (Company NAIC Number
City State ZIP Cod	le	

If using the Elevation Certificate to obtain NFIP flood insurance, affix at least two building photographs below according to the instructions for Item A6. Identify all photographs with: date taken; "Front View" and "Rear View"; and, if required, "Right the instructions for Item A6. Identify all photographs with: date taken; "Front View" and "Rear View"; and, if required, "Right the instructions for Item A6. Identify all photographs with: date taken; "Front View" and "Rear View"; and, if required, "Right the instructions for Item A6. Identify all photographs with: date taken; "Front View" and "Rear View"; and, if required, "Right the instructions for Item A6. Identify all photographs with: date taken; "Front View" and "Rear View"; and, if required, "Right the instructions for Item A6. Identify all photographs with: date taken; "Front View" and "Rear View"; and, if required, "Right the instructions for Item A6. Identify all photographs with: date taken; "Front View" and "Left Side View." If submitting more photographs than will fit on this page, use the Continuation Page, following.

90F

For Insurance Company Use: Policy Number Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. Company NAIC Number ZIP Code State City If submitting more photographs than will fit on the preceding page, affix the additional photographs below. Identify all photographs with: date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View."

Address P. O. BOX 1719

Signature -

ELEVATION CERTIFICATE

OMB No. 1660-0008 Expires February 28. 2009

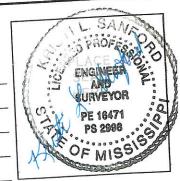
AND SECUR		ION CERTIFIC		Explies i obies.
S. DEPARTMENT OF HOMELAND SECUR deral Emergency Management Agency	Landtont Res	ad the instructions on	pages 1-8.	an Use.
ional Flood Insurance Program	Important. Rec	A - PROPERTY INFOR	MATION	For Insurance Company Use:
A 10 Control of the C		A-FROI EITH		Policy Number
1. Building Owner's Name JOHN A. LAN	ICLOS, II	D.O. Bauto and BO	(No.	Company NAIC Number
Building Owner's Name 30 HVA. 2 Building Street Address (including Apt. 2 The FT. 2	, Unit, Suite, and/or Bldg.	No.) or P.O. Route and Box	(110)	
2. Building Street Address (***) 198 INDIAN STREET	20520			
DAY STICILIS State NIS 4	IP Code 39520	Legal Description, etc.)		ent
City BAY ST. LOUIS State III 2 A3. Property Description (Lot and Block No. 13 SHORELINE F	umbers, Tax Parcel Numb	No. 7, Addition 1, HANCO	CK COUNTY, MISSISSI	PPI
				NAD 1983
Residential, Non-R	esidential, Addition, Acces	ssory, etc.) KLOIDE	Horizontal Datum:	NAD 1927 ☐ NAD 1983
A4. Building Use (e.g., Nesdatata) A5. Latitude/Longitude: Lat. 30.3104 Lon A6. Attach at least 2 photographs of the b	ng. 89.3986	heing used to obtain nood	11001	
A6. Attach at least 2 photographs of the b		A0 F	or a building with an attac	ched garage, provide:
A7. Building Diagram Number 9	nclosure(s), provide	<u>v/A</u> sq ft a)	Square footage of atta	ched garage <u>N/A</u> sq it is a sq i
A8. For a building with a craw space of a) Square footage of crawl space or a) Square footage of crawl space or	enclosure(s)	b)	No. of permanent 1000	pove adjacent grade N/A
Square footage of craw space of No. of permanent flood openings enclosure(s) walls within 1.0 foot	above adjacent grade	N/A	walls within 1.0 foot at Total net area of flood	openings in A9.b N/A sq in
enclosure(s) wails within 1.0 lost c) Total net area of flood openings i	n A8.b	N/A sq in C	EIRM) INFORMATIO	N
SE	CTION B - FLOOD IN	SURANCE RATE MAP	(t troughter	B3. State
B1. NFIP Community Name & Communit		2. County Name ANCOCK COUNTY		MISSISSIPPI
B1. NFIP Community Name & Community HANCOCK COUNTY 285254		B7. FIRM Panel	B8. Flood	B9. Base Flood Elevation(s) (Zone AO, use base flood depth)
B4. Map/Panel Number B5. Suffix	B6. FIRM Index	Effective/Revised Da		AO, use base host days ,
1 100	Date 8/18/92	9/18/87	7.0	
285254-0145 C B10. Indicate the source of the Base Floor	d Floyation (BFF) data of	base flood depth entered	n Item B9.	
B10. Indicate the source of the Base Floor	☐ Community Determ	nined	scribe) 88	he)
				□Yes ⊠No
B11. Indicate elevation datum used for B	Barrier Resources System	n (CBRS) area or Otherwise	e Protected Alea (Ol 77)	
B11. Indicate elevation datum used for B B12. Is the building located in a Coastal Designation Date	Darrier Rossans	☐ CBRS ☐ OFF		
Designation Date	THE TWO I	LEVATION INFORMAT	ION (SURVEY REQU	IRED)
		1 1 Quilding	I IIIIGEI OOIIGUAAA	
C1. Building elevations are based on: *A new Elevation Certificate will be to calculate the control of the con	☑ Construction Draw	wings* Building is complete	e.	ARIAO Complete Items C2.a-g
*A new Elevation Certificate will be i	required when construction	30, V (with BFE), AR, AR/A	, AR/AE, AR/A1-A30, AF	JAH, ANAO. Company
C2. Elevations – Zones A1-A30, AE, AF below according to the building diag	ram specified in Item A7.			
Benchmark Utilized RM-31 Vertice	al Datum 8.43			
Conversion/Comments			Check the meas	
		losure floor) 13.00	☐ feet ☐ meters (F	uerto Rico only)
a) Top of bottom floor (including base	ment, crawl space, or enc	losure floor)_ 13.00 N/A	Ed san Maters (Puerto Rico Origi
b) Top of the next higher floor	Al 70	ones only) N/A	M foot meters (tuerto Rico only)
Rottom of the lowest horizonta	al structural member (v 20	N/A	_ ⊠ feet ☐ meters (Puerto Rico only)
d) Attached garage (top of slab) e) Lowest elevation of machiner	y or equipment servicing t	the building 9.00		
transite type of equipment	III Oominiteer,	<u>7</u> . <u>50</u>		Puerto Rico only)
a Laurest adjacent (finished) gr	ade (LAG)	<u>7.50</u>	☐ feet ☐ meters (Puerto Rico oniy)
			OUTTOT CEPTIFIC	ATION
S	ECTION D - SURVEYO	OR, ENGINEER, OR AF	CHITECI CERTIFO	levation
	- II - I land CUMOVOL	engineer, or architect war	doto availab	e Z J GAMA
This certification is to be signed and information. I certify that the information	tion on this Certificate rep	resents my best on its to me ne or imprisonment under 1	8 U.S. Code, Section 10	OT.
l understand that any raise stars				LACE
	vided on back of form.			
		License	Number 2998	SURVEYOR
Certifier's Name KRISTI L. SANFO	ORD	Name SANFORD LAND S	URVEYING	PE 18471
Title PROFESSIONAL LAND SURV				PS 2998
TITLE PROFESSION TO		TAMPA State N	AS ZIP Code 39552	1 0 mm 0 mm 0 mm

City ESCATAWPA

Date JUNE 19, 2006

State MS ZIP Code 39552

Telephone 228-475-4787



Bui	PORTANT: In these spa	ng Apt Unit Suite and/or Blde A	lo) or D O Pouto and D. M	THE RESIDENCE OF THE PARTY OF T	For Insurance Company Use:
419	98 INDIAN STREET		No., of P.O. Route and Box No.		Policy Number
City	y BAY ST. LOUIS State MS	S ZIP Code 39520			Company NAIC Number
	SEC	CTION D - SURVEYOR, ENGI	NEER, OR ARCHITECT CER	TIFICATION (CONT	INUED)
Сор		n Certificate for (1) community office			
Con	mments FINISHED FLOOR OOR ELEVATION IS 9.00+; (ELEVATIONS ARE PROPOSED COMMUNITY REQUIREMENT FO	ONLY: NO BLILLDING IN DLACE	AT THE TIME FERM	5-0
Sign	nature Kristi S.	Santid	Date 6/19/06		
-	SECTION E - BUILDING	ELEVATION INFORMATION	(SURVEY MOT DECINOCAL	FOR ZONE 10 AN	Check here if attachme
					And the contract of the second
E1.	Provide elevation informati grade (HAG) and the lowes a) Top of bottom floor (inclub) Top of bottom floor (inclusion Building Diagrams 6-8 (elevation C2.b in the diagrams Attached garage (top of sla	uding basement, crawl space, or e uding basement, crawl space, or e with permanent flood openings pro rams) of the building is b) is	enclosure) is frection of the control of the	Rico only, enter meters her the elevation is about feet	is. In the second sec
E4. E5.	Zone AO only: If no flood of	ry and/or equipment servicing the depth number is available, is the to	building is feet	meters above	or ☐ below the HAG. mmunity's floodplain manageme
	ordinance? Yes	No Unknown. The local office	cial must certify this information in	Section G.	
he p	SECT	TION F - PROPERTY OWNER	cial must certify this information in R (OR OWNER'S REPRESENT Dietes Sections A. B. and F for Zo	ITATIVE) CERTIFIC	
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rope	SECT property owner or owner's au one AO must sign here. The erty Owner's or Owner's Authors	TION F - PROPERTY OWNER uthorized representative who comp statements in Sections A, B, and I	cial must certify this information in R (OR OWNER'S REPRESENT Dietes Sections A. B. and F for Zo	ITATIVE) CERTIFIC	
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Check here if attachments

Building Photographs

		See Instructions for Ite	em A6.	For Insurance Company Use:
Building	Street Addres	s (including Apt., Unit, Suite, and/or Bldg. No.) or P.C). Route and Box No.	Policy Number
	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	2 18 e. 19e.		Company NAIC Number
City	State	ZIP Code		

If using the Elevation Certificate to obtain NFIP flood insurance, affix at least two building photographs below according to the instructions for Item A6. Identify all photographs with: date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View." If submitting more photographs than will fit on this page, use the Continuation Page, following.

			For insurance Company Use.
- 11 I' (71 t A d d a a	Policy Number	
Building	Street Addres	ss (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.	
	01-1-	7ID Codo	Company NAIC Number
City	State	ZIP Code	

If submitting more photographs than will fit on the preceding page, affix the additional photographs below. Identify all photographs with: date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View."

U.S. DEPARTMENT OF HOMELAND SECURITY

Federal Emergency Management Agency
National Flood Insurance Program

ELEVATION CERTIFICATE

OMB No. 1660-0008 Expires February 28, 2009

Important: Read the instructions on pages 1-8.

ational Flood Insurance Program	TION A - PROPERTY INFORM	NATION F	or Insurance Company Use:
	HON A - FROI ERT III OU	F	Policy Number
A1. Building Owner's Name JOHN A. LANCLOS, II A2. Building Street Address (including Apt., Unit, Suite, and/or	Bldg. No.) or P.O. Route and Box N	No.	Company NAIC Number
4198 INDIAN STREET			
City BAY ST. LOUIS State MS ZIP Code 39520	Number Logal Description, etc.)		
A3. Property Description (Lot and Block Numbers, Tax Parcel I LOTS 43 & 44, Square 113, SHORELINE PARK SUBDIVISION	, Unit No. 7, Addition 1, HANCOCK	COUNTY, MISSISSIPF	
A4. Building Use (e.g., Residential, Non-Residential, Addition, A5. Latitude/Longitude: Lat. 30.3104 Lang. 89.3986 A6. Attach at least 2 photographs of the building if the Certifical	Accessory, etc.) RESIDENTIAL	Horizontal Datum:	☑ NAD 1927 ☐ NAD 1983
A7. Building Diagram Number 5 A8. For a building with a crawl space or enclosure(s), provide	A9 For a	building with an attache	d garage, provide:
 Square footage of crawl space or enclosure(s) 	3911 -/ -/	Square footage of attache	penings in the attached garage
b) No of permanent flood openings in the chawl space of		valls within 1.0 foot above	adjacent grade
enclosure(s) walls within 1.0 foot above adjacent grade	e , Ţ	otal net area of flood ope	enings in A9.b sq in
Total net area of flood openings in A8.b	Sq III		
SECTION B - NLOOD	INSURANCE RATE MAP (FI		3. State
B1. NFIP Community Name & Community Number HANCOCK COUNTY 285254	B2. County Name HANCOCK COUNTY		SSISSIPPI
B4. Map/Panel Number B5. Suffix B6. FIRM Inde	x B7. FIRM Panel Effective/Revised Date 9/18/87	B8. Flood Zone(s) A-8	B9. Base Flood Elevation(s) (Zone AO, use base flood depth) 9.0'
285254-0145 C 8/18/92			
B10. Indicate the source of the Base Flood Elevation (BFE) dat ☐ FIS Profile ☐ FIRM ☐ Community De	termined Other (Descri		
	NCVF 1929 NAVD 1988	Other (Describe)	
 B11. Indicate elevation datum used for BFE in Item B9: B12. Is the building located in a Coastal Barrier Resources Systems Designation Date 	stem (CBRS) area or Otherwise Pro	otected Area (OPA)?	∐Yes ⊠No
CTOTION C. PUII DING	ELEVATION INFORMATION	(SURVEY REQUIRE	D)
		der Construction*	☐ Finished Construction
C1. Building elevations are based on: Construction I A new Elevation Certificate will be required when construction in the			
*A new Elevation Certificate will be required when construct C2. Elevations – Zones A1-A30, AE, AH, A (with BFE), VE, V1 below according to the building diagram specified in Item A	-0/30' A (MICH DLE)' //// YIN' YIN'	/AL, /40/11 / 100, 1	
Benchmark Utilized RM-31 Vertical Datum 8.43	′ \ \		
Conversion/Comments		Ol I the measurem	ont used
Conversion Comment		Check the measurem	
a) Top of bottom floor (including basement, crawl space, or e	1101000110 1111/2	feet meters (Puerto	Rico only)
b) Top of the next higher floor	N/A.	feet meters (Puerto	Rico only)
c) Bottom of the lowest horizontal structural member (V	201100 0111)	feet meters (Puerto	Pico only)
d) Attached garage (top of slab)	<u>N/A</u> 🗵	feet ☐ meters (Puerto	Pico only)
e) Lowest elevation of machinery or equipment servicing (Describe type of equipment in Comments)	9 (110 2211211)		
f) Lowest adjacent (finished) grade (LAG)		feet meters (Puerto	Rico only)
g) Highest adjacent (finished) grade (HA/S)	<u>7</u> . <u>50</u> ≥	leet Minerers (Fuerto	TIMO VIII)
SECTION D - SURVE	YOR, ENGINEER, OR ARCHIT	TECT CERTIFICATIO	V
The state of the s	ar angineer or architect authorized	Thy law to centry elevation	on
This certification is to be signed and sealed by a land survey information. I certify that the information on this Certificate re I understand that any false statement may be punishable by	presents my best efforts to interpre fine or imprisonment under 18 U.S.	et the data available. Code, Section 1001.	and some
□ Check here if comments are provided on back of form.		2008	PLATING
Certifier's Name KRISTI L. SANFORD	License Numb		- LKE
Title Prof Eddictor E E and	Name SANFORD LAND SURVE		-): DW
Address P. O. BOX 1719 City ESC	Allowin	ZIP Code 39552	— XX
Signature Jan Jan Date JUNE 19	9, 2006 Telephone 228-475-478	87	

IMPORTANT: In these spaces,	copy the corresponding infor	rmation from	Section A.	Į F	or Insurance Company Use:
Building Street Address (including Apt 4198 INDIAN STREET	., Unit, Suite, and/or Bldg. No.) or F	P.O. Route and	Box No.	Р	olicy Number
City BAY ST. LOUIS State MS ZIP	Code 39520			C	company NAIC Number
SECTION	D - SURVEYOR, ENGINEER,	OR ARCHIT	ECT CERTIFICAT	ION (CONTIL	NUED)
Copy both sides of this Elevation Certi	ficate for (1) community official, (2)	insurance age	nt/company, and (3) b	ouilding owner.	
Comments FINISHED FLOOR ELEV	ATIONS ARE PROPOSED ONLY;	NO BUILDING	IN PLACE AT THIS	TIME; AVERA	GE GROUND ELEVATION IS
7.50+ M.S.L.					
Signature Kristi L. Man	tord	Date	6/19/06	***************************************	☐ Check here if attachments
SECTION E - BUILDING ELE	VATION INFORMATION (SUR	VEY NOT RE	QUIRED) FOR ZO	NE AO AND	ZONE A (WITHOUT BFE)
 b) Top of bottom floor (including E2. For Building Diagrams 6-8 with p (elevation C2.b in the diagrams) E3. Attached garage (top of slab) is E4. Top of platform of machinery and E5. Zone AO only: If no flood depth 	grade, if available. Check the meast the following and check the appropagent grade (LAG). basement, crawl space, or enclosurbasement, crawl space, or enclosurbasement flood openings provided of the building is feet meter door equipment servicing the building	surement used priate boxes to ure) is in Section A It feet meters above ng is ne bottom floor	In Puerto Rico only, show whether the ele	enter meters. evation is above meters	e or below the highest adjacent we or below the HAG. we or below the LAG. actions), the next higher floor or below the HAG.
OFOTION	E PROPERTY OMNIER (OR	OMMEDIO	EDDECENTATIVE) OFFICIO	ATION
	F - PROPERTY OWNER (OR	The second secon		The state of the s	
The property owner or owner's authorize or Zone AO must sign here. <i>The state</i> Property Owner's or Owner's Authorize	ments in Sections A, B, and E are o			nout a FEMA-is	ssued or community-issued BFE)
		0''	de .	01-1-	ZIP Code
Address		City		State	
Signature Comments		Date		Telephone	
					Check here if attachments
	SECTION G - COMMUN	NITY INFORM	IATION (OPTIONA	L)	
The tocal official who is authorized by law and G of this Elevation Certificate. Complete. The information in Section C w		n below. Chec	k the measurement u	sed in Items G	8. and G9.
is authorized by law to certify e	elevation information. (Indicate the	source and da	te of the elevation dat	a in the Comm	nents area below.)
	d Section E for a building located in	16			ued BFE) or Zone AO.
	ns G4G9.) is provided for commur	nity floodplain r	-		
G4. Permit Number	G5. Date Permit Issued		G6. Date Certificate	e Of Complian	ce/Occupancy Issued
67. This permit has been issued for:	☐ New Construction ☐ S	Substantial Imp	rovement		
68. Elevation of as-built lowest floor (incl			feet meters (PF		
69. BFE or (in Zone AO) depth of flooding	ig at the building site:	[] feet ☐ meters (PF	R) Datum	-
Local Official's Name		Title)	. 9	
Community Name		Tele	phone		
Signature		Date	Э		
Comments					
				JULIUS 1 / 10 - 10 - 10 - 10 - 10 - 10 - 1	
					☐ Check here if attachments

Building Photographs See Instructions for Item A6.

			For Insurance Company Use:
Building	Street Addres	s (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.	Policy Number
7.			
City	State	ZIP Code	Company NAIC Number

If using the Elevation Certificate to obtain NFIP flood insurance, affix at least two building photographs below according to the instructions for Item A6. Identify all photographs with: date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View." If submitting more photographs than will fit on this page, use the Continuation Page, following.

		Fig. 190	For Insurance Company Use:
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.		Policy Number	
City	State	ZIP Code	Company NAIC Number

If submitting more photographs than will fit on the preceding page, affix the additional photographs below. Identify all photographs with: date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View."

WAVELAND

NONCONVERSION AGREEMENT with

2007 32850
Recorded in the Above
Deed Book & Page
12-17-2007 12:01:27 PM
Timothy A Kellar
Hancock County

CITY OF WAVELAND, MISSISSIPPI

	CITY OF WAVELET WAS, THE
-	This DECLARATION made this Inday of December, 20 07, by Julie C. Lancios ("Owner") having an address at WITNESSETH: WHEREAS, the Owner is the record owner of all that real property located at Ware 113 owners the City of Waveland, Ms. in the County of Hancock. designated in the Tax Records as 138L-0-33-114. WHEREAS, the Owner has applied for a permit to place a structure on that property that has an where Management of the City of Waveland Floodplain Management Ordinance of Number 325 and under Permit Number 1997.
	WHEREAS, the Owner agrees to record this DECLARATION and certifies and declares that the following covenants, conditions and restrictions are placed on the affected property as a condition of granting the Permit, and affects rights and obligations of the Owner and shall be binding on the Owner, his heirs, personal representatives, successors, future owners, and assigns.
	UPON THE TERMS AND SUBJECT TO THE CONDITIONS, as follows:
	1. The structure or part thereof to which these conditions apply is:
	The structure of part thereof to which those services. At this site, the Base Flood Elevation is feet above mean sea level, National Geodetic Vertical Datum.
	3. Enclosed areas below the Base Flood Elevation shall be used solely for parking of vehicles, limited storage, or access to the building. All interior walls, ceilings and floors below the Base Flood Elevation shall be unfinished or constructed of flood resistant materials. Mechanical, electrical or plumbing devices shall not be installed below the Base Flood Elevation.
	4. The walls of the enclosed areas below the Base Flood Elevation shall be equipped and remain equipped with openings as shown on the Permit.
	5. The jurisdiction issuing the Permit and enforcing the Ordinance may take any appropriate legal action to correct any violation. Any alterations or changes from these conditions also may render the structure uninsurable or increase the cost for flood insurance.
	6. A duly appointed representative of the City is authorized to enter the property for the purpose of inspecting the exterior and interior of the enclosed area to verify compliance with this Declaration. Such inspections will be conducted upon due notice to the Owner and no more frequently than once each year. More frequent inspections may be conducted if an annual inspection discovers a violation of the Permit.
	7. Other conditions:
	Owner Ow

My Commission Expires: Dec 31, 2007